

# THE MEDICAL EXAMINER.

DEVOTED TO MEDICINE, SURGERY AND THE COLLATERAL SCIENCES.

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VOL. I.

## CYNANCHE LARYNGEA,

OR ACUTE LARYNGITIS.

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The first regular account of this disease is contained in a paper by Sir Matthew Baillie, in the third volume of the Transactions of the Society for the improvement of Medical and Chirurgical knowledge, for the year 1812. It has since attracted considerable attention, and not a few cases of it are reported in the periodical journals of Europe and elsewhere. The curiosity thus excited, has led to researches into the older writers, and it appears probably to have existed even from the earliest times. It is alleged to have been noticed by Hippocrates, Celsus, Galen, Cœlius, Aurelianus, Lommius, Tulpus, Riverius, Morgagni, Boerhaave, Lieutaud, and Mead. But their accounts are slight, vague and indistinct, and on the whole, the credit of the first accurate description of it, is accorded with sufficient unanimity to the communication by Baillie, to which I have alluded. It is, however, only justice to state, that a distinguished physician of our own country, the late Dr. Dick, seems to have recognized the disease, at a somewhat earlier date, having in a well written paper on Croup, published in 1808,\* clearly referred to it, as the very worst form of that affection, and, as confined to the Larynx, denominates it Cynanche Laryngea. The number of cases of it observed, since medical attention has been more carefully directed to it, would indicate rather a want of pathological precision, than the unfrequency of it, or, that the two affections having many symptoms in common, it was up to the period mentioned, generally confounded with Croup. Yet it must be deemed a rare disease.

Laryngitis usually commences with chilliness or rigors, soon followed by a sense of dryness, or huskiness of the throat, inducing a frequent hawking, as it were to get rid of some extraneous cause of irritation. Expectoration is not regularly performed, the sputa being raised up in the manner described. Breathing at the same time is somewhat impeded, and, on a deep inspiration, which is required to inflate the lungs, a painful constriction is

felt in the larynx, attended by a sibilous or whistling noise, more or less sonorous, resembling the rushing of air through a contracted aperture. It is a sound very different from the sharp thrilling intonation of croup, which never occurs, nor does regular cough prevail to any extent, at this or any subsequent period, as far as I have seen, though the reverse is affirmed. The late Dr. Armstrong however, concurs with me on this point, and states, that one of the most characteristic symptoms, is an inability to cough, the endeavour to do so terminating in a sort of grumbling or grunting noise in the throat. The voice however, is slightly hoarse, and, in some instances, though rarely at so early a period, so much affected as to degenerate into a thick or low whisper. By an effort to cough or spit, and still more by pressure, the pain in the larynx is much increased, especially at the pomum Adami, though on inspection, we usually discover only slight inflammation of the fauces, with scarcely any tumefaction of the tonsils, or other soft parts. Difficulty of deglutition however in some degree, is apt to be experienced. These symptoms are attended with more or less fever, which however, is seldom high, or the pulse full, or hard and corded, except when it begins in the shape of tonsilitis, which sometimes happens.

In other instances, the approach of the disease is milder, and more insidious, in the guise of ordinary catarrh, creating no anxiety. Little here is complained of except a slight soreness of the throat, with scarcely even an erubescence, or mere blush of inflammation, unattended by any very evident constitutional disturbance. This state of things will remain sometimes for several days, when, very suddenly a sense of severe spasmodic constriction of the larynx supervenes, and henceforward, the case loses all ambiguity,—developing, in rapid succession, those phenomena which I have already noticed.

Cases too, I have remarked, where the preliminary symptoms seem to be altogether those of gastric irritation. The stomach here, after some previous oppression becomes suddenly disordered, violent puking ensues, sometimes of bile, with little or no nausea, and, in one instance, of as limpid fluid as in pyrosis, attended by a constant discharge from the mouth, like that in the deepest salivation. During this period, though a slight soreness of throat exists, compared to the sensation of a scald, there is no appreciable laryngeal affection, or res-

\* Barton's Med. and Physical Journal, vol. III.

piratory embarrassment in any way. But all at once, as it were, a translation seems to take place from the mucous tissue of the stomach to the larynx, leaving the one organ quiescent, and placing the other in a state of well marked laryngitis.

As another mode of attack, it remains to be mentioned, that commencing very much as tonsillitis, phlogosis of the highest degree rapidly extends to the velum pendulum palati, up the posterior nares, the Eustachian tube, and down into the pharynx, and larynx, implicating, in short, the whole of the neighbouring parts.

In some instances, however, this structure, instead of active phlogosis, presents, even at an early period, a pale and bloated aspect, owing to serous effusion into the sub-cellular tissue, giving to this variety of the disease, the title of Laryngitis Oedematosa.

Laryngitis, in its progress, whatever may be the manner of its invasion, assumes a graver character, mostly by an aggravation of the symptoms already detailed. The pulse now sinks or becomes diminutive, the skin is cold, collapsed, pallid, or mottled—there is great difficulty of swallowing, amounting sometimes to actual impossibility, and, in the effort, violent spasmodic strangling, as in hydrophobia, is excited, owing apparently to the fluid entering the larynx, from the epiglottis ceasing to act as a valve, it being swollen and erect.\* The dyspnoea is excessive, caused by the obstruction of the glottis, or effusion into the Bronchia and cellular structure, accompanied by occasional convulsive exacerbations, productive of dreadful agitation. In this paroxysmal state, so extreme is the embarrassment of respiration, that the larynx and trachea may be seen to move quickly, upwards and downwards in the neck, and all the muscles, subservient to this function, are thrown into an irregular action, so that the chest heaves violently accompanied by a general distortion of features.† The eyes are wild and protruded, the mouth open, gasping for breath—the lips are pale or livid—and such, too, is occasionally the face, covered with cold, pearly drops of sweat—the tongue is thrust out, and swelled, and the voice scarcely audible. There is tossing of the arms, with every other indication of the utmost agony, which indeed is sometimes so intolerable, that we are told by Bayle, attempts at suicide have been known. These convulsive paroxysms being over, considerable mitigation of suffering, and disposition to sleep ensue, which respites however, are not of any long continuance, and finally death takes place in one of these exacerbations from suffocation, often with the full retention of the intellectual faculties.

As to the duration of the disease, the average is from two to five days, though some cases of it have terminated in a few hours.

The preceding sketch of Laryngitis has been drawn in the strongest colours, particularly as regards the advanced stages. Its attacks however, are occasionally milder, and, indeed, there is to be found, in its several presentations, every gradation

of violence and variety of modification, from mere hoarseness, or impairment of voice, to the tremendous intensity of affection I have described.

It is a common opinion, that laryngitis prevails more frequently among males than females, and in adult, and even advanced, than early life. Certain it is, of the cases recorded, much the larger proportion was males, and far beyond the meridian of existence. That of the illustrious Washington was one of these, who died in his sixty-eighth year, and the very first instances to which Baillie was called, occurred in two eminent practitioners nearly as old.

Conspicuous examples of it, however, in females, are not wanting, among the most so of which, is that of Josephine the late Empress of France, whose chequered and eventful life was thus closed in her forty-eighth year. My own practice has supplied me with several instances of it in females beyond middle age, and it may be remarked as a very curious circumstance, that while in the males all the attacks I have seen were once only, they have been very frequently repeated in the females. These women indeed, are so predisposed to the disease, that they scarcely ever escape it, in some degree, when subjected to its exciting causes.

Like its allied affections, an exposure to cold, and especially to a sour austere atmosphere is the usual and, perhaps, only cause of the genuine disease, and to which we have reason to believe, an increased susceptibility is created by repetitions of tonsillitis. This fact is noticed in the reports of many of the cases. But other causes have been assigned, of, at least, a variety of the disease, as whatever, in short, directly or indirectly inflames the larynx. The inhalation of the vapour of boiling water is alleged to have induced it in those who have suffered from the bursting of the boilers of steamboats, and in the instance of five children on one occasion, and on another of one, who through mistake, applied their mouths to the spout of a tea-kettle of hot water. The inflammation here, we are told, was exceedingly intense in the upper portion of the wind-pipe; attended by the prominent symptoms of Laryngitis.§ Examples too, are to be met with, of its being traced to the extension of phlogosis of the neighbouring parts, from Tonsillitis, Erysipelas, Rubeola, Scarlatina, and from Mercury.

An account is moreover given, of its having prevailed to a wide extent, spreading simultaneously over a large district of country. But I am satisfied from information on which I can rely, that the Epidemic was a species of Scarlatina Anginosa, or more in the shape of Croup, as previously shewn. Bearing a closer analogy to real Laryngitis than any of these instances, is the affection which I have noticed, of Laryngitis suddenly induced by a reflection as it would seem, of an irritation from the stomach.

Laryngitis may be distinguished from Croup by the partially, or as it may sometimes happen, diffusely inflamed Fauces, by tenderness of the Larynx, by difficulty of deglutition, by the absence

\* Percival's case; vide Med. Chirurg. Transactions, vol. 4, p. 298.

† Porter, p. 97.

‡ Dr. Macnamara Hayes, and Dr. David Pitcairn.

§ These cases are reported by Dr. Marshall Hall in the 12th vol. Med. Chirurg. Trans. London, and by Dr. Burgess, in 3d vol. Dublin Hosp. Reports.

nearly of cough and peculiar raucal intonation, and lastly perhaps, by the periods of life at which they occur, the one being mostly incident to advanced age and the other to children.

Considered pathologically there is a further distinction. It will presently be seen, though in each case the Larynx is principally affected, that in Croup the mucous coat is inflamed, with an extravasation of coagulable lymph on its surface, giving to it an adventitious covering:—while in Laryngitis, with comparatively slight phlogosis of the same membrane, the sub-cellular tissue, exempt in the other affection, is most deeply implicated, ending in the effusion of fluids, productive of an edematous, or some other tumefaction of the parts. The presence, however, of the fibrous membrane in the first, and the want of it in the second, marks most strongly the individuality of the diseases.

The difficulty of discrimination is still less with regard to ordinary Cynanche Tonsillaris, another case which somewhat resembles it. Though in Laryngitis there may be redness, no great swelling exists of the tonsils or adjacent structures in the genuine disease, and we learn, that on inspection the epiglottis, from swelling, will be seen erect, and by pulling the tongue much pain is suffered, from its connection with the inflamed parts. These circumstances, or some of them, at least, equally serve to distinguish it from pharyngitis, and to which I shall add, that in the latter, while the attempt to swallow is agonising, the respiratory function remains undisturbed.

*To be Continued.*

#### BIBLIOGRAPHICAL NOTICES.

*Mémoires de la Société Médicale d'observation, de Paris. Tome Premier.*

*Mémoire Analytique sur l'Orchite Blennorrhagique, par M. Marc d'Espine (de Genève) Docteur en Médecine, &c.*

*Memoirs of the Medical Society of Observation of Paris, Vol. 1. An Analytical Essay upon Blennorrhagic Orchitis, by Dr. Marc D'Espine, of Geneva.*

(CONCLUDED FROM PAGE 27.)

The second part of M. D'Espine's memoir is occupied with a consideration of the causes and nature of blennorrhagic orchitis. He treats first of the remote or predisposing causes. The number of circumstances susceptible of influencing mediately any affection are so numerous and so obscure, that a large collection of facts are necessary before we can safely hazard any induction. The propositions which our author advances are to be considered then more in the light of provisional results, whose intrinsic value is to be more accurately determined by future investigations, than as recognised laws.

*Age.*—In 29 cases 24 were under 30 years of age.

*Occupations.*—Those engaged in sedentary pursuits appear to be more liable to it than others whose habits of life are more active.

*Number of previous urethrites.*—14 out of 29 had had no previous attacks of gonorrhœa; the re-

maining 15 had suffered from one to four anterior attacks.

*Stage of the discharge at which orchitis most commonly occurs.*—Hunter, Swediaur and Faber affirm that it rarely or never happens at the commencement of the discharge. Bell on the contrary states that he has seen it at all periods of gonorrhœa indifferently. The result of our author's observations in 28 cases is as follows: During the 1st week of urethritis it happened in 2 persons; do. 2nd. 6; from the 15th to the 30th day, 6; from the 30th to the 60th day, 6; after the 60th day, 9.

To these we may add M. Guassail's table. During the 1st week, 3; 2nd week, 4; from the 15th to the 30th day, 21; 30th to 60th day, 39; after the 60th day, 6.

The other predisposing causes are ranged under the heads of temperaments, strength of constitution, anterior health, and previous syphilitic affections.

We next come to an examination of the *determining causes*. 25 individuals were examined with a view of ascertaining these. The result is as follows:

Excess of muscular fatigue,	-	-	12
Ditto in wine and other alcoholic liquors,	-	-	3
Use of remedies calculated to arrest the discharge,	-	-	5
Painful coition practised during an attack,	-	-	1
Blows upon the testicles,	-	-	1
Moral emotion (laughter,)	-	-	1
Foreign body in the urethra,	-	-	1
Laborious occupation,	-	-	1
No appreciable cause,	-	-	4

Causes of relapses in 10 cases.

Moderate exertion, but commenced too soon,	-	-	6
Blow on the testes,	-	-	1
Astringent injections,	-	-	1
Unknown,	-	-	2

"The agreement of the results of this table with the preceding one is interesting. The same causes are present in both cases; the absence of some of them in the relapses is explained by the seclusion of the hospitals restraining the patients from excesses in wine, coition, the influence of professions," &c. p. 455.

The proportion of cases produced by muscular fatigue is 12-25; that of relapses from the same cause, is 6-10; the two results differ but slightly. In one-sixth of the cases orchitis supervened without any appreciable cause, and one-eighth of the relapses cannot be better explained. These results prove the great analogy between the original causes, and those of the relapses.

In a note M. D'Espine suggests the possibility of the practice of masturbation exercising an influence in the production of the primary attack as well as the relapses. He thinks it very likely that from the patients being generally individuals of singularly dissolute habits, on being deprived of their accustomed pleasures in the hospitals, they may resort to this disgusting vice. The secrecy with which it is practised, if the supposition be true, prevents our arriving at any definite conclusion. Would it not be worth while to investigate this cause more fully?

With respect to the presence of a foreign body in the urethra as an excitant of orchitis, we believe it to be a very common cause, notwithstanding the solitary instance recorded by our author. Within a short time we have known it to happen twice from the introduction of a bougie in the treatment of stricture; and believe that the hospital experience of every surgeon will afford numerous analogous examples. M. D'Espine, we think, contradicts in the following sentence his own tabular statement, whilst at the same time he confirms our own opinion.

"If we consult not only our 23 cases of orchitis, but also 8 cases of anterior attacks, we find in both above 37 who recognise this as a cause."

*Of the suppression of the discharge considered as a cause of orchitis.*

"It is very important to determine the precise influence of the discharge in the development of orchitis, not only to illustrate the history of the disease, but also to throw light upon an essential question of general pathology, viz. whether metastasis may take place during the inflammatory period of any malady. Careful researches have led us strongly to doubt the existence of inflammatory metastasis. Clinical labors have enabled the better observers of our day to show that rheumatism, urticaria, erythema, affections in which metastasis plays so important a part, differ in so many points of view from maladies styled inflammatory, in which the same phenomena does not occur, that they are entitled to a separate classification. These works repose upon too solid a basis, to be invalidated by the purely systematic attacks of some physicians, who cannot submit to the entire guidance of facts." pp. 457.

We regret that our limits will not permit us to give more in detail M. D'Espine's investigation of this highly interesting and important part of our subject. The results however will be found in the subjoined extracts:

"To say that the commencement of blennorrhagic orchitis is accompanied by a suppression or a diminution of the discharge, followed by a return or augmentation from the time that an amelioration of the symptoms occur, is to express that which happens at most three times out of 29, or in less than one-ninth of the cases, and is taking an exception for a rule.

"If on the contrary, this rule were true, it establishes a close connection between the two affections, and a dependence of one on the other, and would be a general fact worthy of notice. Ought we then to conclude that this relation although rare is real, and is something besides a mere coincidence? This is a delicate question and one I cannot finally determine; but it seems to me that sound philosophy ought to regard an *arrangement*, the nature of which expresses an intimate and peculiar result between two affections not oftener than once out of 9 or 10 times, as a mere coincidence, and not as cause and effect, or at least that judgment should be suspended upon it, and that we ought to be guided by presumptive evidence without deciding positively." p. 460.

From a careful examination of the facts presented by our author, as well as others, and after cautious consideration, on our part, of this subject, we feel much inclined to dispute the influence of the scare-crow metastasis in this as well as other affections, where so prominent a place is claimed for it in the etiological ranks. The diminution, or even suppression, of the urethral discharge we are disposed to consider as accidental, or coincident, or as perhaps indicative of an increase of the phlogosis in the canal. This latter supposition will not perhaps be considered so hypothetical when we recall *Bell's* idea of the origin of orchitis. He supposed it caused by an immediate extension of the inflammation along the urethra, vasa deferentia, into the body of the testis itself. M. D'Espine remarks:

"All the history of the *debut* of orchitis which I have given, supports strongly this opinion. *M. Guassail* is of the same mind, and his opinion is here the best authority that we can cite, since it is founded upon three autopsies of patients, dying of accidents and other diseases whilst suffering under orchitis."

In the late work of Lucas Champonniere, embodying the views of Cullerier, Surgeon of *Le Midi*, we find the same etiology advocated. The experience of Cullerier has been ample, and his reasoning, though perhaps not based on positive observation, is ingenious, and most likely agreeable to fact. The point however may be considered as still *sub-judice*, and one to which the Scotch verdict of *not-proven* would be probably returned by the strict disciples of the *methode numerique*. For ourselves we must confess a strong predilection in its favour, and a suspicion amounting almost to a conviction, that it is correct. Does not this view of the subject demand at least the careful attention of those surgeons, who commence their treatment of orchitis by the introduction of a bougie into the urethra, with the object of reinstating the discharge.

*The Treatment.*—We have now arrived at a division of the subject, which the majority of our readers will doubtless consider the most important. Let it be borne in mind however that our best directed therapeutic efforts repeatedly prove nugatory and vain without correct etiological and pathological views; that they all exercise a mutually reciprocal influence upon each other, and that a right understanding of the one is necessary to ensure the success of the other.

The *third* part of M. D'Espine's Memoir is occupied with the consideration of the treatment. At the onset we are advised that the therapeutic results are yet crude and unsatisfactory. The difficulties of arriving at precise results are rendered more perplexing from the fact, that the periods when the patients enter the hospital vary very ma-

terially; some resort to them early in the attack (*de bonne heure*), others again not until a much later time, having up to that moment pursued their wonted irregularities of life.

"The value of the systems of treatment," says our author, "is ever *relative*, and the standard of comparison should be a purely expectant plan, limited to securing repose, imposing diet, and at furthest administering some emollient tisans; we cannot hope to arrive at the complete solution of any therapeutic question, where the mode of treatment has been nearly uniform, and the number of *expectant* cases too few to enable us to make any positive judgment. However as the number of cases where local depletion was employed is sufficiently great, and as the use of this mean has varied on account of the number of leeches in one application, the comparison of these various modes will permit us to judge to a certain extent of their utility. Some patients having undergone, conjointly with the antiphlogistic treatment, that with inunctions of mercurial ointment, we shall discover whether this second treatment, added to the first, exercises a happy influence." pp. 468-9.

*Influence of early or late entrance into the Hospital.*—Tardy application for relief was found to prolong the duration of the affection, that of the pain, and the acknowledged period of the symptoms. The result of calculations made by D'Espine have convinced him that it is the three orders of symptoms just enumerated that are prejudiced by the cause we are studying.

One day of delay, prolonged duration of the			disease	1-9
do	do	do	pain	1-28
do	do	do	acute symptoms	1-5

The most marked influence is exerted upon the duration of the acute period and the least upon that of the pain.

*Influence of Local Depletion.*—The duration of the disease appears to be shortened by an early use of leeches, and where a large number were employed in the first application. The leeches in every case were applied half upon the scrotum, and the remainder in the groin. If the pathological views we have advocated be correct, will not the application of leeches upon the scrotum, independent of other objections, tend to invite a flow of blood into the testicle; and would it not be better to limit their application to the course of the cord, and in the groin? In several instances we have seen the symptoms of orchitis, mild at the onset, become exasperated by the application of leeches upon the scrotum. In support of our own experience we may cite that of one of the most distinguished surgeons of this city, who has repeatedly witnessed the same thing.

*Of general blood-letting.*—This remedy was employed in three cases only, and the peculiar circumstances attending these will not permit us to arrive at any result.

*Influence of the application of Mercurial Ointment upon the scrotum conjoined to antiphlogistic*

*treatment.*—No happy result was found to attend the adoption of this method; it was tried in four cases, and the duration of each exceeded the mean of all the rest. Salivation followed their use in one instance; the ointment had been rubbed on the scrotum for ten consecutive days.

The *hydriodate of potassa*, and the *protoiodide of mercury* were used in several cases. Frictions on the scrotum with the former in two instances appeared to exercise some influence in hastening resolution.

Cataplasms of flaxseed meal with, or without, the addition of laudanum, were used in every instance. They were ordinarily limited to the acute stage, and were then, in the majority of cases replaced by an oleo-camphorated liniment. The poultices seemed to exert a favorable effect upon the scrotum in the first days of their application, especially when often renewed. Their action and particularly a prolonged use of them, produced sometimes a redness of the scrotum, different from that caused by the disease, more violet, and resembling the natural colour of the part. Sometimes a papular eruption, accompanied with intense itching, was the result of these topics. The œdematous condition of the integuments of the scrotum without heat, previously mentioned, appears sometimes to be caused by a continued use of poultices, but more especially by that of lead water. This in one case was particularly conspicuous.

The camphor liniment was resorted to with a view of preventing erections, and any new excitation of the genital organs, and thus to avoid relapses. Whether these anticipations were realised it is impossible with any certainty to determine.

With respect to the influence of the treatment of gonorrhœa during the existence of orchitis, upon the malady, M. D'Espine thinks that we are justified in attempting to arrest the discharge before the complete disappearance of orchitis. To effect this he advises the employment of internal medications, as *copaiba*, *cubebs*, &c. instead of astringent injections. This opinion is derived from the results of 8 cases, 7 of which were treated by the balsams, and 1 by injections. The latter case was followed by a relapse, supposed to be in consequence of the astringent used.

We have now presented our readers with a concise outline of M. D'Espine's Memoir. Every one who peruses the original must be convinced of the unwearied industry, rigid analysis and cautious induction which characterises the labours of our author. There is a total absence indeed of that offensive verbosity, and tedious and unprofitable detail which disfigure the majority of French works. From the number of observations in many instances being limited, the results are occasionally far from satisfactory. As the results are founded on the broad and stable basis of facts, and not on the fanciful speculations of theory, this could not be avoided, and is an instance of the scrupulous fidelity with which M. D'Espine has discharged his task. The conclusions as far as they go, are of immense value, and may be

viewed as established laws. Further investigations conducted with the same commendable and persevering spirit will conduce much towards perfecting our knowledge of this interesting affection. To the labours and services of the School, of which M. D'Espine is a member, in the advancement of the holy cause of truth, too much praise and gratitude cannot be awarded. Since their work has commenced a new era has dawned upon medical science. Systems once deemed inviolate, whose errors were unknown, because hidden by the accumulated dust of centuries, have fallen before the steady onward march of facts; and opinions looked upon as suspicious and apochryphal, have by the same means, been recognised as axioms.

For ourselves individually, though prepared to acknowledge fully the immense advantages and superiority of the *numerical method* in all the departments of medicine, we are inclined somewhat to doubt that exclusive applicability of it to therapeutics, so warmly claimed for it by its advocates. As we have no two individuals alike, so are no two diseases precisely similar throughout their whole course. To reduce therapeutics to any thing approaching to certainty, much time, and many more observations are demanded. For awhile yet our practice in many respects must be empirical though we should never lose sight of principles. Guided by these and the pure light of the Baconian Philosophy—*numerandæ et perpendendæ observationes*—we shall every day arrive nearer the goal of perfection.

*The Philadelphia Practice of Midwifery*, by CHARLES D. MEIGS, M. D., Lecturer on Midwifery, &c. &c.—with numerous engravings. Philadelphia: James Kay, Jun. and Brother, 1838. 12 mo. pp. 370.

This work is an elementary treatise on midwifery, based upon a long clinical experience of a most successful practitioner. Within the pages of a duodecimo volume is compressed a lucid explanation of the principles and routine practice of the obstetric art, with a copious citation of interesting cases, from the note book of the author. The mechanism of labour is treated with a fulness, that contrasts favourably with the meagre details upon this subject, in a late British publication, (Collins' Midwifery.) The clinical illustrations, which Dr. Meigs has interspersed through his chapters, form an interesting portion of the work. They are selected with great happiness, and will be received as a most valuable contribution to the science of obstetrics. We may particularize the history of a case of labour in a deformed pelvis, which Dr. Meigs designates, justly we think,

as "probably the most difficult obstetric operation, ever performed in this country." The details of this case, (the lady who underwent the operation of hysterotomy, noticed in our first number,) were drawn up by Dr. George Fox and published originally in the North American Medical and Surgical Journal.

The chapter on *atresia vaginae* contains the record of a most remarkable instance of this affection, under the care of Dr. Meigs, in conjunction with Dr. Randolph. The case was one of very rapid delivery, followed by severe inflammation and sloughing of the vagina, terminating in complete occlusion. An operation was attempted for the relief of the distress consequent upon the accumulation of the menstrual fluid, which proved eminently successful. The lady now menstruates *per vias naturales*, and is entirely restored to health. A case of atresia occurred in the Pennsylvania Hospital about eighteen months since, in a black woman, 28 years of age, on whom Dr. Randolph operated, but without the same beneficial results that attended the case, mentioned by Dr. Meigs.

The style of the "Practice of Midwifery," is lively and attractive. Apart from its intrinsic merit, it is most agreeable reading, a very pleasant set off against the heavy, matter of fact strain, that pervades too many medical works of the day. The student and practitioner of midwifery will find it a most instructive and entertaining manual.

*An oration on the Improvements in Medicine, delivered before the Philadelphia Medical Society, twelfth month, 13th, 1837. By Joseph Warrington, M. D. Honorary Member of the Society, and Accoucheur to the Philadelphia Dispensary. Published by order of the Society, 8vo. pp. 28. Philadelphia, 1837.*

Dr. Warrington has selected a subject as ample and varied, as it is hackneyed and trite. He has however done full justice to it. The language is chaste and appropriate; and the style is in general free from rhetorical effort, the besetting sin of the medical orations of the period.

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THE  
**MEDICAL EXAMINER.**  
PHILADELPHIA.

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Wednesday, January 31, 1838.

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ALIBERT.

We noticed hastily in our last number the death of this eminent physician, who expired at Paris in November last, at the age of seventy. We shall now gratify the curiosity of our readers by a cursory sketch of his life. He was born in

the village of Ville-franche, in what was formerly Haute Guyenne, in France. He was early destined for the Church, but the troubles of the revolution breaking out about that time, directed his attention in another channel. He removed to Paris, and became a pupil in the *Normal* school, an institution which, during its brief existence, gave considerable impulse to national education. It was not until this school was closed that Alibert devoted his exclusive attention to medicine. The peculiar qualities of his mind, and the singular benevolence of his disposition, peculiarly adapted him for the exercise of the active duties of his profession. Many of his productions, and particularly those by which he is best known, were begun and completed during the first few years of his practice. We may mention among others, his *Treatise on Malignant Fever*, which has been long regarded as a standard work; his *Essay on Therapeutics*, based on the physiology of Bichat; a system of nosology which first displayed that peculiar talent for classification, afterwards so conspicuous in his elaborate production on the *Diseases of the Skin*; to these we may add numerous memoirs, eulogies, and other papers prepared for the Medical Society of Emulation, of which he was one of the most distinguished and active members. The first sketch of his great work on *Cutaneous Affections* appeared in 1806. It was not until 1832, that it was finally completed. The skill, fidelity and effect with which the illustrations of this noble work are executed are well known. This was done by Alibert at his own risk, and at an expense it is said of 300,000 francs. Willan had already acquired a reputation in this department, and as works of art doubtless his plates possess much merit; but the superiority of vivid and natural delineation appears by general consent to be allotted to Alibert. The descriptions of the latter are also rendered more graphic and highly interesting by the vivacity of his style, and the richness of his imagery. The prominent fault of his nomenclature is excess of refinement, and of ingenuity, which unfortunately is better calculated to fatigue than to assist the memory of the student.

His *Treatise on the Passions*, a work of a more purely literary character, was written at a later period. It is but justice to Alibert to confess that in treating of the Passions he has adopted a higher moral tone than is characteristic of the French School in general, and that his views appear to be much influenced by his early religious impressions.

For the last twenty years of his life, Alibert occupied the post of physician in chief to the

Hospital of St. Louis. This was the great scene of his labours and of his glory. Here he established his clinic on *Cutaneous Diseases*, and here in the open air, like one of the ancient academic sages, drawing his pupils around him, he exhibited and explained to them the cases, the number of which sufficed to illustrate the most exact classification, and by the power of his eloquence recreated this, his favourite branch of scientific investigation.

In his private character Alibert was distinguished for benevolence and kindness. His especial delight was giving aid and countenance to the junior members of the profession, and he regarded his pupils as his children. In his professional relations he was liberal and disinterested; all who sought his aid, whether rich or poor, were received with courtesy and kindness; and the importance of the malady, not the rank of his patient, was the rule and measure of the attention which he paid the case. Some of his more direct acts of benevolence were managed with extreme delicacy. If he discovered any artist, or literary man, who was reduced in his circumstances, he sent by some unknown hand, and under a fictitious name, considerable sums of money. Where the transaction was open, and the pride of the recipient made him insist on giving his note, it was either destroyed or cancelled. More than one hundred obligations thus mutilated were found among his papers.

*Eloges* were delivered over his grave by M. M. Pariset, and Cruveilhier.

We regret that we are again obliged to disappoint our correspondents. The lectures and reports of the Hospitals are so numerous, and are of such paramount importance, that we are compelled to exclude for the present, much excellent and acceptable matter.

## CLINICAL LECTURES.

### PENNSYLVANIA HOSPITAL.

[We regret that Dr. Coates' Lectures have been for some time past suspended, owing to a domestic calamity. Our next number will contain his Lecture, delivered on Wednesday, the 24th inst.]

#### FISTULA IN ANO.

Wednesday, 10th Jan. DR. RANDOLPH commenced:

I exhibit to you to day, gentleman, an individual, affected with a troublesome though not very unusual form of complaint, with the nature and treatment of which it is of the highest importance for you to be thoroughly familiar. This man is forty-three years of age, of a constitution naturally sound, and which he states has not been injured by intemperance, or excesses of any other description.

About four months ago, he was attacked with a phlegmonous tumour, situated on one side of the perinæum, near the anus, attended with considerable pain, swelling, and hardness. Extensive suppuration ensued, and the abscess finally burst externally, giving rise to a free discharge of matter, through the external opening thus formed. Since that time the sore has never healed, but has continued to discharge matter, through a fistulous sinus, formed near to the rectum, constituting the disease we term *Fistula in Ano*. This is the ordinary commencement of *Fistula in Ano*. It may likewise originate from erysipelatous inflammation attacking the nates: in this case the adjacent cellular texture may slough extensively, and give rise to the formation of cavernous ulcerations in the region of the anus, which may produce sinuses, and terminate in the formation of well marked fistulæ. When the inflammation and tumefaction are very considerable in the forming stage of the disorder, the pressure of the tumour upon the neck of the bladder and urethra may cause dysury or even total suppression of the urine.

*Fistula in ano* may present itself under several different forms. When the abscess opens externally only, and no communication has been established with the intestine, it is termed *incomplete fistula*. When there is a communication with the rectum, and an opening externally also upon the nates, it is termed a *complete fistula*; in this case, a probe, made to enter at the external orifice, may be carried along through the sinus into the rectum. A third variety of fistula is that in which there is an internal opening into the cavity of the rectum, without an external aperture. This is called *occult* or *blind fistula*. In the present instance, the man's own statement satisfactorily proves the existence of a complete fistula. He will tell you that from a short time after the formation of the external opening, he has been passing both wind and fæces through the sinus; this is conclusive evidence that it communicates with the rectum.

When the occurrence of inflammation is first noticed upon the nates, a prompt and vigorous application of antiphlogistic treatment may possibly bring about a resolution of the phlegmon, and the formation of a fistula may be prevented. Even after suppuration supervenes, if an early opening be made, and a free vent afforded for the discharge of matter, the abscess may sometimes heal as in any other part, without the creation of a sinus. But, unfortunately, the surgeon is usually not called in, until a fistulous sinus is completely formed, and then, in order for a cure to take place, a surgical operation is rendered indispensable. You may ask, why an abscess situated by the side of the rectum will not heal up, without surgical interference? and I will proceed to enumerate the causes which make such interference necessary. When the fistula is incomplete, if the external opening be small, large quantities of matter may accumulate within the cavity of the abscess, and by preventing the granulations, which are thrown out, from coming in contact with each other, render it impossible for the parietes of the abscess to unite, and the wound to heal up. The external orifice may likewise close up prematurely, and in this case the patient flatters himself that he is re-

stored to health; but his hopes are soon disappointed, for the accumulation of matter is going on internally, and it finally makes its way out through the old opening, or forms new outlets for its egress. When the fistula is complete, at the time the patient goes to stool, his fæces are pressed into the cavity of the sinus, and passing through it, give him intolerable pain, and oppose an insuperable obstacle to a cure. When it is occult, the fæces may also collect within the cavity of the abscess, and, by distending the parts, occasion excruciating agony. When the abscess is situated upon one side of the sphincter ani muscle, upon every evacuation of the contents of the rectum, the action of this muscle draws the detached side of the intestine from its natural situation, and, by constantly breaking up any granulations that may have formed, effectually counteracts every effort of nature to a cure. After the Sinus has remained for a long time open, the parts become callous, and this condition constitutes more strictly a genuine *Fistula in Ano*, than either of the states which I have just described.

It is proper I should mention to you, that, occasionally very considerable obscurity attends the existence of these several varieties of fistula.

Both in the complete and incomplete form of the complaint, where it has continued for a great length of time, and where the inflammatory appearances have entirely subsided, it is very difficult even after a minute inspection of the parts, to decide positively as to the nature of the disorder.

In some instances, the external aperture closes up altogether for a short period, and at other times, it is so nearly closed, that nothing more is visible, than a small point or pimple perhaps, not larger than a pin's head. It sometimes happens also, that the sinus itself is so very tortuous, that it is exceedingly difficult to pass a probe down to its extremity, perhaps it will not enter for more than half an inch or an inch; under these circumstances you would scarcely suspect that the sinus extended itself by the side of the rectum. These appearances however, cannot be at all relied upon, inasmuch as the matter goes on accumulating, until it has either to force its way out through the old opening, or else to form new ones.

I was consulted not long since in the case of a gentleman, who had been labouring under an incomplete fistula, for the period of two years; in this case, the inflammatory symptoms had so entirely subsided, that upon a very minute examination, I could discover nothing but a small pimple, not larger than the head of a pin, unattended with the least discolouration. The medical gentleman, who had charge of this patient, could not believe that the sinus ran up along the side of the rectum, because he was unable to introduce a probe into it, to the distance of more than an inch. He endeavoured to close up the aperture by the application of lunar caustic and the solution of the sulphate of copper, &c., but finding it obstinately refuse to heal, he called me into consultation. I was of the opinion that the sinus extended itself along the side of the rectum, notwithstanding his inability to detect its course with the probe. This I was for a time unable to accomplish myself, but, by persevering in the introduction of probes of different

sizes, and varying their direction, I finally succeeded in tracing the sinus up to the side of the rectum. The fistula was afterwards easily cured by the usual operation.

Considerable obscurity sometimes attends upon the formation of an occult fistula. Two or three years since, a gentleman from Ohio, came to this city, to place himself under my care, for the relief of an affection of this nature. For eight or ten months previous to this time, he had been troubled with a discharge of purulent matter per anum,—attended however with very little pain. He told me that he had never been afflicted with hemorrhoids, or any irritation of an unusual character in the neighbourhood of the rectum. This discharge distressed him exceedingly; though not painful, it entirely unfitted him for the enjoyment of social intercourse. He would feel the matter trickling down at intervals during the day, and would be obliged to retire privately, to cleanse the parts. I stated to him, that it was my opinion, he had occult fistula; and that the disease probably extended upward, for a considerable distance; and that it would, sooner or later, show itself externally. Two months afterwards, he began to suffer a greater degree of pain, in voiding his stools. Soon after this, an enlargement became apparent in the buttock, attended with redness, inflammation, and excruciating pain. Upon pressing upon the buttock, I was able to cause a discharge of pus from the anus. I now ordered mild and emollient applications to the part, such as fomentations and poultices, for the purpose of hastening the progress of the suppuration. Shortly afterwards, fluctuation became evident, and I opened the abscess. The disease had therefore been, in this case, near twelve months in forming. It extended to a considerable distance up along the rectum, and the external opening was distant three or four inches from the verge of the anus.

The treatment of fistula in ano must depend upon the particular state in which the disorder presents itself. Whenever you are called to a case, in which you find much inflammation and swelling in the neighbourhood of the anus, you should endeavour, by every possible means, to subdue the inflammation, and, by promoting resolution, prevent the occurrence of suppuration. For this purpose, you should have recourse to a strict antiphlogistic treatment: general bloodletting, if the case will admit of it, leeches around the inflamed part, low diet, and absolute rest, in the recumbent position. If the inflammation and swelling be so great as to press upon the neck of the bladder, or the urethra and produce strangury; to relieve this, you should resort to the warm bath, fomentations, and anodyne injections; and in some instances, the introduction of a catheter into the bladder to draw off the urine will be necessary. If the inflammation show any disposition to terminate in gangrene, Dr. Physick recommends a blister to be applied to the inflamed parts.

When suppuration is inevitable, open the abscess as early as possible, at the most prominent part, in order to prevent the extension of the disorder by ulceration. After you have opened the abscess, apply mild dressings to the wound, such as simple cerate, or mucilaginous poultices. The old surgeons

used in these cases, to cram the sore with lint and other substances, to make it heal, as they said, from the bottom. The effect of this treatment would be the reverse of that intended: the lint, by keeping the granulations from coming in contact with each other, would prevent the abscess from healing.

Notwithstanding, as I have already stated, abscesses, formed in the vicinity of the rectum, may, in some rare instances, be cured without an operation, still in the great majority of cases, particularly, when the side of the intestine is separated and detached from the adjacent parts, it is necessary, in order for a cure to take place, to divide the parts so as to make one cavity of the gut and sinus. To effect this, two different operations have been proposed: the one consists in the passage of a ligature through the orifices of the fistula and the anus; by the other, the two cavities are converted into one with a narrow curved bistoury. I shall call your attention, first to the mode of operation with the knife. The patient is to be laid over a table, either in a leaning posture, or flat upon his back, with his legs elevated; an assistant separates the nates. The surgeon then oils the index finger of his left hand, and introduces it into the rectum; he then passes a curved bistoury down to the extremity of the sinus; if the fistula be complete it comes in contact with the end of the finger in the rectum. He then withdraws them both together, dividing the soft parts between the intestine and sinus. If the fistula be incomplete, it is necessary to carry the point of the bistoury through the soft parts into the rectum, until the knife meets the end of the finger, converting it by this process into a complete fistula, after which the operation is the same. After the incision has been made, a dossil of lint is to be introduced into the cut, to arrest the hemorrhage, and to prevent the immediate reunion of the parts. If several sinuses exist, they are to be all laid open in the same manner. It sometimes happens that the fistula opens internally into the rectum so low down, that a director can be passed through the sinus into the rectum and out at the anus; in this case the parts can be divided much more conveniently by running the bistoury along the groove of the director.

Such is the usual mode of performing the operation by the knife. The fistula however occasionally extends far up by the side of the rectum, in which case, to divide the parts with the knife might involve important blood-vessels. Here the ligature may be used with advantage; I prefer one made of silk to any other material, especially to the metallic wires, recommended by Dessault and others. A common eyed probe, armed with a ligature, is to be passed through the sinus into the rectum, and out by the anus, so as to include the parts below the internal orifice of the fistula. This is to be tightened from time to time, until the parts are finally divided by ulceration. The advantages attending the application of the ligature, are the following: first, hemorrhage is avoided; secondly, the patient is not necessarily confined to his bed, but can walk about and take sufficient exercise to better preserve his general health. Another advantage attending the use of the ligature, is, the formation of a large gaping wound is prevented, which in some instances is apt not to heal; when the disease is very exten-

sive, and the operation is performed by means of the knife, the least motion in the parts causes friction, and separates the two flaps, the granulations are thereby torn asunder, and occasionally the cut surfaces never unite. This is especially the case, when the fistula opens into the perinæum, where the parts are not so solid. I will only add, that occasionally fistula in ano occurs in patients affected with phthisis pulmonalis. In such a case, it is improper to operate, for this reason: although you may heal the fistula, the patient will still die of the pectoral complaint; and it is possible that the operation might hasten his death.

[After these remarks Dr. Randolph proceeded to perform the operation, by means of the knife, on the man, introduced into the amphitheatre. The internal orifice of the fistula was situated low down, the external opening was in the perinæum, and the surrounding parts had sloughed away much more, Dr. R. remarked, than if it had been situated in the buttock, owing to the presence of a greater mass of cellular texture. The usual introduction of lint was made. No future occurrence of hemorrhage was to be expected.]

While on this subject, I may mention, said Dr. Randolph, another morbid condition of the rectum, dependent on the presence of little sacs or pouches, just within the anus, at the lower extremity of the rectum. Dr. Physick first called our attention to this affection. The symptoms are an intolerable irritation and itching in the parts, with sometimes a discharge of matter. The plan of relief, is, to hook down the pouches with a bent probe, and cut them out with a pair of scissors.

*January 29th.* The wound is now granulating kindly. For a week past, its edges have been daily touched with lunar caustic.

#### HYDROCELE.

*Wednesday, January 17th*—At eleven o'clock Dr. Harris, whose tour of duty commenced this day, entered the amphitheatre, and remarked as follows:

Gentlemen, I propose, to-day, to operate on a case of hydrocele. This disease usually appears in three forms. In the first, the fluid is lodged in the cellular texture of the scrotum; in the second, it is contained in a cyst, connected with the spermatic cord; and, in the third, and most frequent, the serum is collected in the tunica vaginalis. The last variety is the one on which I propose to operate, and I will therefore offer a few remarks regarding its character and treatment.

This disease is usually confined to one side of the scrotum; the tumour is of a smooth, oblong appearance,—unattended with discolouration of the skin, commences at the lower part of the scrotum, and thence gradually extends up the cord until it reaches near the external abdominal ring. In form, it resembles the large bell-pear, and hence has been called pyriform. In the early stage, it is soft and fluctuating. It cannot be diminished by pressure or position. If the tunica vaginalis and cremaster are not thickened, and the fluid is clear, the scrotum in a strong light will exhibit a semi-transparent appearance. In order to discover this transparency, the room should be darkened, a lighted candle should be closely held to one side of the scrotum, the surgeon should grasp the posterior part of

the swelling, so as to render its fore part as tense as possible, and, then looking at the tumour from the side opposite to the candle, a transparency is at once discovered.

The testicle is usually placed at the posterior, and about the middle part of the swelling. Pressure at that part affords the usual sensation produced by squeezing the testes, and the gland will be seen in this position. In some cases, however, the testicle becomes adherent to the anterior part of the tunica vaginalis, so that the serosity accumulates laterally to, and below the testicle. Unless great care is observed in this case the testis may be wounded by a plunge from the trocar.

The nature of the fluid contained in hydrocele resembles serum. It is of a straw colour, is capable of coagulation by heat, acid, port wine, and sulphate of zinc. The contents of the hydrocele are as already stated, of a transparent colour, yet, in other cases, it is as colourless as spring water, sometimes of a milky appearance, and again of a dark chocolate colour. Sometimes flocculi are found swimming in the serum; and Velpeau has seen fatty and cartilaginous substances flow out with the serum from the sac.

The usual quantity of fluid taken from a hydrocele is from six to eight ounces. It is stated, however, on the authority of Mr. Cline, that he drew off six quarts of fluid from the celebrated historian Gibbon. There is a variety of hydrocele, of which the following case forms an example. A gentleman from Tennessee requested me to place him under treatment for a large tumour of the scrotum. On examination I found that the tumour possessed all the characteristics of hydrocele of the tunica vaginalis, but, when the patient was in a horizontal position, the fluid for the most part escaped within the abdomen. It was therefore at once inferred, that it was a case of congenital hydrocele. After consultation with my friend Dr. Horner, it was determined to draw off the fluid, apply an inguinal truss so as to excite inflammation and adhesion between the sides of the sac which passes through the inguinal canal. A piece of gum elastic catheter was passed into the sac of the tunica vaginalis, which, while it conveyed off the fluid as fast as it was secreted, produced at the same time, the necessary inflammation to obliterate the cavity. After this end was achieved, we found that fluid had again collected within a circumscribed cavity of about five inches in diameter, above Poupart's ligament extending towards the iliac fossa.

Finding that this swelling became tense and elastic, and rapidly increased in magnitude, we determined to dissect cautiously down to the tumour, to attach the sides of the sac to the parietes of the abdomen by the interrupted suture, then to puncture it and draw off the water. The subsequent treatment precisely corresponded with that of the hydrocele contained within the scrotum. As in the former case, the catheter remained in the cavity until it was obliterated. To all appearance, the patient left the city in a state of perfect restoration to health.

This I believe is a rare form of the disease. I have been able to find but one case similar to it, in the records of surgery. This is to be found in *Les Leçons orales* of Dupuytren. This eminent surgeon

denominates it *L'hydrocele en bissac*. Dupuytren does not detail the treatment of his case.

Hydrocele may be confounded with Hernia, with sarcocele, with varicocele, and with hæmatocele. Hydrocele may be distinguished from hernia, by a return of the hernial tumour into the abdomen, by the latter receiving an impulse from coughing, by the hernia descending through the abdominal ring; while hydrocele forms at the bottom of the scrotum and ascends.

These two diseases sometimes combine in the same individual, in which case the hydrocele is found anterior to the hernia.

Varicocele may be distinguished from hydrocele by directing the patient to place himself in a recumbent position, when the varicocele, with the aid of slight pressure recedes.

From sarcocele it may be distinguished by its smoothness of surface, by its freedom from nodosities, the absence of pain and sensibility.

Hæmatocele may be distinguished from hydrocele by its weight, its want of transparency, its obscure fluctuation, and its being suddenly formed after a blow on the scrotum.

The causes of hydrocele of the tunica vaginalis are not very well understood. It frequently attacks young, healthy and robust subjects, has no connection with dropsical habits, and is generally an affection entirely local. It is a complaint, quite common in warm climates, and is thought to arise from frictions of the scrotum, and abrasions produced by riding on horseback. It has been thought by Ramsden and others, to arise from chronic irritation of the urethra. The disease has been also caused by an ill contrived truss on the spermatic cord. I saw one case occasioned by an injury of the testicle, by a blow from the pommel of a saddle.

There are several methods of treating hydrocele. 1st. by absorption, 2nd. by the palliative, and 3d. the radical method.

In young children, the first method is commonly successful. The child is purged, the scrotum is suspended, and stimulating washes are freely applied to the surface of it, until more or less irritation is produced. I have often used in such cases the muriate of ammonia dissolved in vinegar. The *tinctura lyttæ* is used for this purpose by Sir A. Cooper. This treatment often causes an absorption of the fluid. Though this method commonly succeeds in children, it almost always proves unsuccessful in adults. I have the pleasure, however, to present a case to you which forms an exception to this rule. You observe that the tumour is absorbed, by the treatment adapted to children. The credit of this successful case, is due to my colleague Dr. Randolph.

The *palliative* treatment consists in discharging the fluid by means of a lancet or trocar. There are circumstances which warrant us, at times, to prefer this method. As for instance, where the health of the individual is unable to endure the excitement, which the severer method would produce; or, when it is connected with diseased testicle; or, from the great distention and magnitude of the sac. In such a state, it has been thought advisable to allow it to contract, and afterwards, to resort to radical means, when the tumour is less in magnitude.

There are cases too, where it may be inconve-

nient for the patient to be at rest, which is necessary in the performance of the radical cure, and yet he is anxious to be relieved from the inconvenience of the swelling. There have been some rare cases, where the simple discharge of the fluid has been followed by a permanent cure.

This simple operation has been sometimes attended with grave consequences. It is stated by Sir A. Cooper, that an aged gentleman on whom he operated, died on the sixth day afterwards, of gangrene of the scrotum. Velpeau and Green have published analogous cases.

Various operations have been proposed to accomplish a radical cure of hydrocele. Among them may be numbered the potential and actual cauteries, incisions, excision of a portion of the sac, setons, bougies, injections, and acupuncture. The operations of cauterization, and excision of the sac, are now entirely abandoned. The manner of performing, and the relative value of each of the other operations, shall be briefly noticed.

The practice of incision originated with Celsus. The patient is placed in a semi-recumbent position, the surgeon seizes the tumour by its posterior face, by which the fluid is pressed forward, into the most prominent part of which, the bistoury is plunged. The director is now passed to the inferior part of the sac, and, with the bistoury, it is freely laid open. The cavity is filled with lint or flour, until suppuration is freely established. By such means, the cavity is obliterated by granulations. In a case of hydrocele, which was marked by some obscurity, I recently operated by incision, which proved successful, and without an unpleasant symptom. The tediousness of this curative process constitutes an objection to it; still it has warm advocates in Rush and Gama, who prefer it to all others.

The operation with the Seton has been attributed by Mr. S. Cooper to Franco. It has had advocates, in all countries.

The old method of performing this operation, was to pierce the sac by means of a trocar. After a portion of the fluid is withdrawn, a seton canula is to be forced through the trocar, until it points near the superior part of the tumour. A sharp pointed eyed probe, armed with a seton, is to be conveyed through the canula, and brought through the sac and integuments. The canulas are now withdrawn, and the seton allowed to remain until the necessary degree of inflammation is produced. Sir A. Cooper is in the habit of penetrating the hydrocele transversely with a curved needle and single thread, so as to include about an inch and a half of integument, and one inch of tunica vaginalis. The thread is then tied, and left to hang loosely in the cavity. In about a week, the part swells and reddens, when the seton should be withdrawn. The adhesive inflammation produces the cure.

The tent or bougie has been successfully used to excite adhesive inflammation in the tunica vaginalis. This is the favourite method of Baron Larrey. S. Cooper gives it as his opinion that the bougie produces too much inflammation of the testis. In several instances in which I have used it, no unpleasant effect followed the operation.

It has been stated by Morand, that a young gentleman, affected with hydrocele, accidentally sat on a long needle which penetrated the scrotum and

tunica vaginalis. There resulted from this accident an entire cure of the disease in eight days, although of three years standing.—*Acupuncture* has become one of the radical cures for this disease. Doctor Lewis used this method in fifty cases, and in not one instance did a failure take place.

I have had no experience in this operation, excepting in one case. In this, the operation entirely failed, though the punctures were at distant intervals. On each occasion, however, the fluid was entirely evacuated, without giving rise to either pain or subsequent inflammation. It is certainly an admirable method to evacuate the contents of the sac.

The operation by *injections* has been long considered one of the most effectual remedies for hydrocele. It first originated with Celsus—revived by a military surgeon of the name of Monro, and afterwards, became the favourite operation of Sir James Earle. It has been also the favourite remedy of the surgeons of this country.

The instruments requisite to perform this operation, consist of a trocar and canula, and a syringe, the pipe of which is well fitted to the mouth of the canula. The fluid to be injected is composed of equal parts of Port wine and water—3ss of sulphate Zinc to ℥viii of water—one part of spirits of wine to five of water—or even pure water has been sometimes used. The favourite fluid now injected is diluted tincture of Iodine. This article has been used by Velpeau in thirty-eight cases successfully. This injection is most certain in its effects, accomplishes a cure in a shorter period, gives rise to less pain, and has not been in any instance attended with unpleasant effects. Even if by accident this injection has been thrown into the cellular texture of the scrotum, no active inflammation supervenes. If the diluted Port wine is thrown into this texture, the whole scrotum has been known to slough. Such is the experience of Velpeau with iodine injections.

I have not yet used this fluid in the treatment of hydrocele, but propose to do so, with this patient. [Dr. Harris now drew off the contents of the hydrocele, in the manner already indicated, but finding the testicle diseased, he determined not to use the injection, until a subsequent period. In the meantime, he stated the patient would be placed under treatment for sarcocele.]

#### PHILADELPHIA HOSPITAL.

*Saturday, 6th January.*—Dr. GIBSON commenced the lecture by exhibiting two patients; one with sloughing ulcer of the leg near the knee, of great extent, the other with chronic gangrene of the foot. After describing the appearances, and pointing out the peculiarities of the sloughing ulcer, Dr. Gibson said:

The very best treatment that you can prescribe internally, is ammonia. The stimulation produced by this article is of a different character from that which is brought about by the use of brandy, whiskey, and other alcoholic stimuli, and which are followed by a corresponding state of depression. I have known patients become so weak from the exhibition of these articles, as to sink under the effects of them. Not so with ammonia; although a powerful excitant, its influence is of a more permanent

nature. It is particularly adapted to states of depression, occasioned by violent shocks to the nervous system, by the immoderate use of evacuates, by the wearing out of the system from disease, or by severe operations. On these occasions, I have seen more advantage derived from the administration of ammonia, than from that of any other set of remedies. Sir Astley Cooper is of opinion, that it is the very best medicine that can be given internally for such cases. This is the result of my own experience, and I was informed by Dr. Physick, that he had the same confidence in its powers, and was in the habit of resorting to it, under the circumstances which I have described. If any thing can save this man, and make an impression upon the slough, it will be the vigorous use of the ammonia, combined with the sulphate of quinine, or camphor and opium. As a general rule, local applications are of little service in cases of this kind; your main reliance must be upon internal remedies. Yeast, and fermenting poultices are useful, in keeping the parts soft, and free from fætor: but, they answer no other good purpose. To destroy the offensive smell, attendant on sloughs like this, the use of powdered charcoal has been recommended. The objection to it is, that it reduces the appearance of the surrounding parts to that presented by the slough itself, and makes it difficult to mark the progress of the disorder.

If you meet, then, with such a sore, as that which is now presented to you, rely principally on internal remedies such as I have mentioned. To the use of the fermenting liquors, as beer, porter, brown stout, &c., I have as strong objections, as those which I have expressed with regard to ardent spirits. Sir Astley Cooper says, that these fermenting liquors are more injurious to the constitution, than any single article with which he is acquainted. If you bear in mind the various drugs, such as horse-aloes, and a long list of others, which I might enumerate, which brewers (in Europe at least,) mix with their commodity, you cannot be surprised at this. Even where it is the best and purest in its quality, Sir Astley considers it pernicious. He seldom performed an operation on a confirmed beer-drinker, a brewer's servant or apprentice for example, (who of course swallow large quantities of these liquids) that proved successful. Wine, and even brandy, and articles of that description, I should resort to in preference to the class of liquors against which I have just been cautioning you. I dwell upon this subject, because there exists a very general impression that malt liquors are especially adapted to cases of debility. This is a mistake: they fill the patient up with air, and make him soft and frothy, but give him no real strength.

The brilliancy of this man's eye might lead you to suppose that he was by no means in the dangerous state in which I have depicted him. This however is the eye which you meet in with in mania-a-potu, and is very far from being an indication of health. It may co-exist with a very alarming degree of prostration. I have seen it in this state, ten or twenty minutes before dissolution. There is a bare possibility that this man may recover, but it is highly improbable. After the long period that the disease has continued, and at his age, it will be no easy matter to get him on his legs again.

The patient, whom I next present to you, offers a specimen of a disease, usually peculiar to old age, although I have met with it in individuals, from twenty to twenty-five years of age. It is called by Pott, mortification of the toes and feet; I shall apply to it the term, chronic mortification. It generally attacks individuals, who have reached their sixtieth year, making its first inroads upon one or more of the toes. A small blue spot appears upon one of these, which gradually creeps up the lower extremities. Sometimes, one or two little marbled spots are seen on a toe, which gradually run into each other, then make their way to the ankle, and finally involve the leg. Usually, before the disease reaches the middle of the leg, or even the ankle, the patient is worn out, from its effects. At other times, where the constitution is good and the patient not too old, the toe drops off, the sore heals up, and recovery follows.

This individual offers a very fair example of the disease. The line, separating the healthy from the diseased parts, is well marked; there are a few healthy granulations thrown out.

It has been said that chronic mortification is invariably connected with an ossified, or otherwise diseased state of the arterial system. By some, it has been attributed to a deposit of calcareous matter in these vessels. In most individuals, who have attained the age of fifty, the internal, and particularly the middle coats of the arteries, are apt to be involved in this calcareous change. Those in the neighbourhood of the wrist, and having their origin, very near the heart, are principally affected. The subclavian artery I have known to be filled with bony matter. The arteries of the arm, usually escape: but those of the forearm, the radial, interosseous, and ulnar, are often attacked. Whether the disease under notice be invariably the result of this morbid state of the arterial system, I am not prepared to decide. I rather conclude, there has been some mistake on this subject, in attempting to exclude all other sources of the disease.

This man is 72 years of age. His pulse can scarcely be felt at the wrist, and is extremely wire-like.

The treatment has been very similar to that pursued in the last case. The system has been supported by bark, wine, ammonia and even brandy. In addition, a fermenting cataplasm has been applied for the last few days, to keep the part moist and clean. There is however no probability, scarcely a possibility of his recovery. It is a disease which is very seldom cured, even in the young, and this man's very advanced age seals his fate. In young persons, I have seen the application of a blister occasionally of service; but generally it is of no service. A slough may be produced, and thrown off; healthy granulations appear, and the parts cicatrize. But even when this has taken place, the disorder is very apt to return.

Dr. Gibson next took up the subject of fracture of the clavicle, and described and applied Dessault's apparatus for the treatment of this accident. This apparatus is so entirely familiar to the surgical world, that we forbear entering at length into Dr. Gibson's remarks. He took occasion to express his undiminished confidence in the plan of Dessault, as originally suggested by that distinguished surgeon,

from its simplicity, the ease with which the materials for using it may be procured, and the general success which attends its application.

He contended, however, that it was perfectly immaterial whether the surgeon used the particular bandages of Dessault or any other form of apparatus, provided the *principles* of that surgeon, (principles universally acknowledged to be mathematically correct,) were kept in view. Lastly Dr. Gibson called upon the students themselves to apply the bandage, which operation was performed fifteen or twenty times before the class, and in general, with great accuracy and precision.

#### NEURALGIA.

Dr. JACKSON followed Dr. Gibson.—I shall to-day, gentlemen, call your attention to, and illustrate the diseases of the nervous system. They are very numerous and very obscure; difficult to distinguish; to diagnosticate; often confounded with other affections; difficult of management; doubtful as to the proper method of treatment, harrassing to the patient, and frequently defying all the best directed resources of medical art. That class of nervous diseases, which I shall at present more particularly bring under your notice, are the neuralgia. This term is derived, as you know, from two Greek words—*νευρ* and *αλγος*—and signifies *nerve-pain*. We shall bring forward several cases, now in the house, to illustrate some of the innumerable varieties of this affection. Previous to this being done I will give you a general and rapid sketch of the nervous system. It is important that you should fully understand the functions and structure of this portion of the animal economy, before you take up pathological deviations that belong to it. I shall then proceed to the symptoms, causes and treatment of neuralgia. At the present day pathology rests upon the organic structure. Wherever our knowledge of the anatomy and physiology of a part is most perfect, we better understand the abnormal modifications to which it is subject. Let us build our pathological views on this foundation and they will be more accurate. Our investigation into the structure, functions, and diseases of the nervous system are making rapid strides, and I have but little doubt that, in all probability, it will be the first part of medicine to be completed.

The nervous system is entirely dissimilar to every other portion of the animal economy. It differs in its organic elements, which is peculiar to it; in its organic structure; in its mode of vitality; and in the character of its functions. It is so far separated from the other portions of the organization, especially the cerebro-spinal system—enclosed in the cranium and spinal column, which may be regarded as its skeleton—that it may, without a forced analogy, be looked upon as a distinct animal—the *nerve animal*—engrafted on the trunk or vegetative animal, overruling and directing its functions and actions.

The nervous system presents two great divisions. 1st. The ganglionic, connected with the trunk or vegetative animal, exciting, regulating, co-ordinating the functions of organic life—nutrition and the secretions: 2nd. The cerebro spinal, or proper nerve animal, connected with sensibility and the senses; with consciousness, volition and voluntary

movement; and with the intellectual and moral faculties.

It is this last which requires our attention at present with respect to its arrangement and functions.

The cerebro-spinal nervous apparatus consists of various portions. They are as follows. *a.* Peripheral or nervous expansions, spread on the surfaces, or interwoven in their tissue, as the skin, mucous membrane, and the organs of the external senses. *b.* The nerves communicating with the spinal cord, or the medulla oblongata. *c.* Spinal cord and medulla oblongata. *d.* The brain, and cerebellum. Now these different portions are formed of two distinct kinds of nervous substance—the grey or pulpy, and the medullary or fibrous. But we cannot detect in the different portions of the nervous system any palpable difference between these substances. Every where they present nearly the same characters. The arrangement or disposition alone is different. Yet we find the most diversified functions, powers wholly dissimilar possessed and exercised by the different portions of this nervous arrangement. How it is that powers so distinct are generated, and exerted by a matter with but little difference in its nature or characters, is wholly inexplicable. It is one of the most profound mysteries of nature, with the solution of which we have nothing to do, our business is confined to the facts developed by observation.

In the higher animal organizations, and the perfect development of the nervous system, anatomical investigations throw but little light upon the intimate arrangement of the nervous structure, its independent centres, or organs, and the mode of their combination. Physiological and pathological phenomena, however, prove that numerous centres of action do exist, and that they are productive of actions and phenomena peculiar to each. Although the demonstration cannot satisfactorily be made in the higher orders, it is accomplished in the lower orders of animals. Now in the higher orders there is always a repetition of what exists in the lower, with some modification of arrangement, and it is thus that we can establish the fact of independent centres in the higher orders. Before proceeding let us be understood in using the term nervous centres. By this term is meant to be designated nervous masses—ganglia—with which nerves communicate, to which impressions are transmitted from the surfaces, external and internal, and which again reflect them, or transmit new and independent excitation into the organs with which they are in connection. Wherever this combination can be shown, there exists a nervous organ, centre, or ganglion.

If you examine in a cursory manner a simple nervous cord, you would suppose it single, on the contrary it is composed of numerous filaments, and it possesses entirely different properties, as we know from its functions being excitative of sensation and muscular contraction. The same is true of the spinal cord itself. This has been fully demonstrated by Sir Charles Bell, Magendie, and a host who have followed them. But there are other divisions than that into posterior cords for sensation, and anterior for motion. This second subdivision is into centres, or the segmentation of the spinal marrow, each segment constituting a centre, and corresponding to the different vertebræ. This we are

unable to demonstrate, as has been observed in the higher order of animals; lower in the organic scale we have abundant proof of its existence.

But besides the division of the spinal marrow and brain into centres and segments, there is another division into two lateral halves, this is also demonstrated in the inferior order of animals, and in foetal development. We have thus a compound action going on in the formation of the nervous system. First, one from the centre to the circumference; second, from below upwards, forming the segments in succession. In the lower orders of animals, and in the foetus, there exists an elongated vesicle or canal for the spinal cord; and three vesicles at the superior extremity; the first for the bulb of the medulla oblongata; the second for the optic lobes, and the third for the cerebral hemispheres. The nervous substance is first formed on the sides of these vesicles, and increases towards the centre, until the two halves meet and coalesce. The spinal cord closes first at the spinal end, and is formed from below upwards; the hemispheres are the last to be completed. We have thus two distinct cerebro-spinal nervous systems; a right half and a left half, dividing the individual in two. In the human foetus of five weeks, the spinal cord and brain exhibit the same formation as in the tadpole of fifteen days, and the sheep of the same number of weeks. In the spinal marrow we have said, that there exists numerous centres or ganglia. These ganglia in the mammalia have coalesced in their development, and they form an apparently solid and continuous mass. Now the demonstration of this, it has been asserted, is to be found in the lower animals. The leech exhibits to a remarkable degree this arrangement. This animal consists of numerous segments, each one of which has its separate ganglion, from which proceed nerves that supply the segment; a separate circulatory apparatus, and organs of nutrition. Each segment is then to a certain extent, a distinct animal. The same segmentation is manifested in insects, and in them as they pass through different phases of organization, in their metamorphosis from the caterpillar to the chrysalis and perfect insect, we observe the ganglia of the spinal cord separated from each other in the caterpillar, and then coalesced united two, three and four into single masses, forming centres for the brain and senses, and for the nerves passing to the limbs, thorax and abdomen.

In the higher animals, without detaining you for farther evidence of the fact, the spinal cord is composed of numerous centres, through each of which is transmitted through the nerves that communicate with it, specific powers or excitations. Through some nervous filaments, motility exciting muscular contraction; through others, sensibility by means of which sensation is exerted; others nutritive excitation, determining the nutrition of the part, its circulation and temperature. This last is doubtful as a separate, independent power, but is probable from facts it would be out of place to indicate here, and may be exercised in connection with the centres of the ganglionic nervous system.

Though numerous distinct centres thus exist in the spinal cord, yet they are all united the one with the other, and each with the brain, so as to produce unity of action. This connection of the

various centres with the brain is finely illustrated in a case detailed by Magendie. A person in Paris whose case had considerable notoriety, was paralysed in the superior extremities, but had perfect control over the lower ones. He was very active, and it is said much devoted to the gentler sex. This state continued some years; I believe seven. On his death it was ascertained that the central portion of the spinal cord, where the trachial nerves are given off, was disorganised, and in a softened condition; while the exterior strands of fibrous or medullary substance retained its natural structure. Thus the nervous centres which distributed power to the arms being disorganised, they were in consequence paralysed. The centres below were unaffected, and as the connection between them and the cerebral centres was maintained by the fibrous or medullary strands remaining in a state of integrity, volition would call these energies into action.

It was once supposed that in order to cause muscular contraction by external irritation that the compression should be first transmitted to the brain. This however it has been ascertained is not correct. Dr. Marshall Hall, of London, has treated of this subject very fully, and has advanced a number of very interesting views on the reflex action of the nervous centres. I refer you to his work for a demonstration of this reflex action. Dr. Graves of Dublin, Müller of Germany, and Mayo of London, have also put in their claim to this discovery. I might assert mine also, for seven years ago I taught and published the same principle. The view I took of the reflex action was limited to the medulla oblongata, but the principle is the same. I endeavored to establish its existence from the fact of tickling exciting convulsions, and from the production of fatal convulsions being excited by the presence of worms in the alimentary canal, and of indigestible food in the stomach, as hot bread, fried eggs, &c.; articles which in themselves are not endowed with any active properties exerting a specific or injurious influence on the system. The same discoveries are often promulgated about the same time by different persons, occupied in the same order of research, where one could not have had any knowledge of the proceedings of the other. It is certain that in the present instance, Marshall Hall has more fully developed these views than any one else. Müller has extended this doctrine. He asserts that muscular contraction reacts on the sensibility, and that a spasm of a muscle, or its contraction, may originate pain. I have met with one instance which appears to sanction this view. The patient had neuralgia of the spermatic cord, but he suffered only when he was in an erect position. The moment he assumed the recumbent posture he had ease. The contraction of the suspensory muscle of the cord, or of the abdominal muscles seemed here to excite pain, whilst their relaxation gave immediate relief. This solitary instance which I have met with, bears I think on the view taken by Müller.

[We are obliged to postpone from unavoidable circumstances, the remainder of this interesting lecture until our next.]

## CLINICAL REPORTS.

## PENNSYLVANIA HOSPITAL.

*Successful reduction of a luxation of the shoulder joint of fifty one days standing; by THOMAS HARRIS, M. D. Surgeon to the Hospital.*

R. H. a native of Virginia, aged thirty-seven years, a robust, healthy man, a wheelwright by trade, was admitted into the Hospital, 17th January 1838. While riding on the night of the 30th November last, his horse stumbled, and he was thrown with violence against the root of a tree; this produced a luxation of the head of the right humerus downwards into the axilla, with much contusion. He neglected to apply for surgical assistance, for a month, as he "supposed that his shoulder was merely bruised." On the 2d of January, he showed his arm to a physician in the neighbourhood, who at once pronounced it to be a luxation. He states, that three unsuccessful attempts at reduction were made, according to the usual approved methods, without the use of pulleys however: these attempts had been preceded each time by copious venesection, as was indicated by his blanched countenance. At the time of his admission, he complained of great numbness down his arm; the shoulder presented an unusual appearance of squareness, owing to the wasting away of the deltoid muscle; the head of the bone was to be felt very distinctly in the axilla, and the artery could be traced lying directly upon it.

January 20th, he was brought into the amphitheatre, present Drs. Harris, Randolph, and Norris. Dr. HARRIS prefaced the operation by remarking, that he was not altogether certain of success, that he would make no violent efforts, as a rupture of the artery or severe laceration of the soft parts might take place. He intended using a moderate degree of force with pulleys, and keeping it up for a long time, opening at the same time a vein, and nauseating the man with tartar emetic. No benefit, he thought, was to be anticipated from the warm bath, as the relaxation of the muscles which it occasions, would pass off, before extension could be applied. He would attempt no circumduction of the limb, as has been sometimes recommended, nor make any violent effort to break up adhesions: he would rely entirely on gradual extension, kept up, without intermission, for a considerable time.

Fifteen minutes previous to the operation, half a grain of tartar emetic had been administered. The man was now placed upon a low stool; a folded sheet was passed under the axilla of the injured side, and secured to a post on his left hand. A roller towel was firmly secured on the upper and under side of the arm from the elbow to within two and a half inches of the axilla, by a wet roller, and the pulleys were applied so as to draw the arm outwards and slightly upwards. The acromion process of the scapula was fixed by a towel passing over the edge of it and down to the floor on the opposite side, where it was held by an assistant. A vein was now opened, two grains of tartar emetic were given, and a moderate degree of force applied to the pulleys. In eight minutes, without taking off the pulleys, an attempt was made to replace the bone, by fixing the knee in the axilla, and pressing

the elbow downward, but without success. A towel was now passed under the axilla, and tied over the top of the shoulder; an assistant, standing over him on a chair, drew the arm strongly upward by this. Two grains of tartar emetic were now given, and, at the end of ten minutes, the knee being placed in the axilla, the pulleys were cast off, and the elbow drawn down to the side. The bone went into its place, but without any noise: this was owing to the previous overstretching of the muscles. From the prostrated condition of the patient, which prevented any action in the muscles, and the wasting of the deltoid, there were some doubts raised, whether the reduction was effected. Dr. Harris stated, that he had frequently seen the same appearance of flatness in the shoulder, after the bone was replaced, when it had been for a long time dislocated. By holding the acromion with one hand, and pressing the elbow forcibly upwards, the head of the bone could be felt in its natural situation, though when left to itself, the weight of the arm drew it downwards fully an inch. The clavicle bandage of the house\* was now applied, and the patient put to bed. He had lost in all  $\beta\tilde{3}xx$ . of blood. In the afternoon, he complained of agonizing pain in the elbow;  $\tilde{3}ss$ . of laudanum was administered, and repeated every two hours, until  $\tilde{3}ii$ . were taken, when he fell asleep. With the last dose of laudanum, he was allowed  $\tilde{3}ii$ . of brandy.

*Sunday, 21st.*—Complained of but little pain. Soap liniment and laudanum to the shoulder. A dose of rhubarb and magnesia. Absolute rest. The shoulder had now regained a nearly natural appearance, the flatness having disappeared.

*Saturday, 27th.*—The man is doing very well, he intends returning home in a few days.

[The operation lasted twenty minutes.]

*List of Accidents, admitted into the Pennsylvania Hospital, from January 10th to January 24th, 1838.*

Two contusions of the side; one of the knee-joint, discharged cured in nine days. A luxation of the humerus downwards into the axilla, (reported above at length;) another luxation of the humerus, forwards under the pectoral muscle, of four weeks standing, the details and result of which will be given in our next. A wound from the bite of a dog, discharged on the day of admission, at his own request. A fracture of the fibula and tibia, extending into the knee-joint obliquely, accompanied with great effusion: V. S. ad  $\beta\tilde{3}xvii$ . a purgative, leeches to the part ad  $\beta\tilde{3}viii$ . low diet, cold lead water to be kept to the joint, and the limb to be placed in a long fracture-box. A fracture of the fibula, two inches above the ankle; one of the radius; and one of the ribs, complicated with a wound of the lung, and emphysema to the extent of five inches around the fracture, soon after the accident, accompanied with great oppression of the respiration and bloody sputa. A broad bandage was applied to the thorax V. S. on the second day,  $\beta\tilde{3}x$ ; calomel gr. i. and; tartarized antimony gr. 1-8, every two hours, for two days, till the gums were touched. When this

\*For description of this, see No. 2, page 23, (Wallace on Fractures.)

occurred, great relief was experienced. Dover's powder grs. viii. three times a day, and mucilage, with gruel diet. Doing well.

The lacerated wound of the hand, and the contusion of the abdomen, reported in our last, have been both cured. In the case of the gunshot wound of the hand, the sloughs all separated, and the man went out, labouring however under a slight attack of Erysipelas. The fractured clavicle, reported in No. 1, has been discharged, cured in 33 days; also one of the fractured fibulae, cured in 27 days.

## DOMESTIC SUMMARY.

### LITHOTRIPSY.

Dr. Randolph performed this operation a few days since, in the Pennsylvania Hospital, upon a female child, four years old, with Heurteloup's instrument of the largest size. The stone was caught twice, and crushed without any difficulty, and the child has passed several fragments since. No bad symptoms have occurred nor has the girl been at all confined to her bed. [Particulars in a future number.]

Adlard and Saunders of New York have in press, Dr. A. H. STEVENS' two Lectures on *Lithotomy*, and one on the *Diseases of the Joints*. The former will be illustrated by Plates showing a new mode of operation with the author's *Prostatic Bisector*.

The same publishers also announce as in preparation, *A Treatise on Midwifery, Practically Considered*, by GUNNING S. BEDFORD, M. D., *Lecturer on Midwifery and the Diseases of Women and Children, in the city of New York*. This work will consist of about 400 pp. 8vo. and will be accompanied by Plates, illustrative of the important features of Obstetric Science.

### BOOKS RECEIVED.

1. The Philadelphia Practice of Midwifery. By C. D. Meigs, M. D. Philadelphia, 1838.
2. An Oration on the Improvements on Medicine. By Joseph Warrington, M. D.
3. An Introductory Lecture, delivered at the opening of the session of the Medical College of the State of S. Carolina, on the second Monday of November, 1837. By E. Geddings, M. D., Professor of Pathology, and Medical Jurisprudence, &c. Published by the Class, 8vo pp. 38. Charleston, 1838.
4. A Clinical Lecture on the Primary Treatment of Injuries, delivered at the New York Hospital, by A. H. Stevens, M. D. Nov. 22d, 1837.
5. The American Journal of the Medical Sciences, Nov. 1837. (In exchange.)
6. The Select Medical Library and Eclectic Journal of Medicine. Edited by J. Bell, M. D., &c. &c. Published Monthly, vol. 2, Nos. 1, 2 and 3, for Nov. Dec. and Jan. 1837-8. (In exchange.)
7. The Boston Medical and Surgical Journal Nos. 23, 24 and 25 for Jan. 1838. (In exchange.)

### TERMS.

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